

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Small PHA Plan Update
Annual Plan for Fiscal Year: 2001

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

PHA Plan Agency Identification

PHA Name: RIO ARRIBA COUNTY HOUSING AUTHORITY

PHA Number: NM039

PHA Fiscal Year Beginning: (mm/yyyy) 07/2001

PHA Plan Contact Information:

Name: Cy Martinez, Executive Director

Phone: (505) 753-7870

TDD:

Email (if available): racha@la-tierra.com

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)

- ☒ Main administrative office of the PHA 1122 Industrial Park Rd., P.O. Box 310
Espanola, NM 87532
- ☐ PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA: 1122 Industrial Park Rd., P.O. Box 310
Espanola, NM 87532
- ☐ PHA development management offices
- ☐ Main administrative office of the local, county or State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA: 1122 Industrial Park Rd., P.O. Box 310
Espanola, NM 87532
- ☐ PHA development management offices
- ☐ Other (list below)

PHA Programs Administered:

- ☒ Public Housing and Section 8 ☐ Section 8 Only ☐ Public Housing Only

Small PHA Plan Update

Annual PHA Plan
Fiscal Year 2001
 [24 CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

Contents	<u>Page #</u>
Annual Plan	
i. Executive Summary (optional)	1
ii. Annual Plan Information	1
iii. Table of Contents	1
1. Description of Policy and Program Changes for the Upcoming Fiscal Year	2
2. Capital Improvement Needs	2
3. Other Information:	2
A. Resident Advisory Board Consultation Process	2
B. Statement of Consistency with Consolidated Plan	3
C. Criteria for Substantial Deviations and Significant Amendments	3

Attachments

- ☒ Attachment A : Supporting Documents Available for Review
- ☒ Attachment B : Capital Fund Program Annual Statement **Fiscal Year 2000**
- ☒ Attachment D : Capital Fund Program 5 Year Action Plan
- ☒ Attachment B : Capital Fund Program Replacement Housing Factor Annual Statement
- ☒ Attachment E : Resident Membership on PHA Board or Governing Body
- ☒ Attachment F : Membership of Resident Advisory Board or Boards
- ☒ Attachment C : Capital Fund Annual Statement Estimated for **Fiscal Year 2001**

ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

We continue to provide maintenance to both sites, Ojo Caliente & T.A., for a safe and decent housing to our tenants. A home ownership program will soon began at the T.A. Site.

1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

No Changes or Revisions needed in this update.

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☒ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? **\$ 138,184**

C. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

The Capital Fund Program 5-Year Action Plan is provided as Attachment **D**

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment **B**

3. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are Attached at Attachment (File name)

3. In what manner did the PHA address those comments? (select all that apply)

☐ The PHA changed portions of the PHA Plan in response to comments
A list of these changes is included

☐ Yes ☐ No: below or

☐ Yes ☐ No: at the end of the RAB Comments in Attachment ____.

☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment ____.

☒ Other: **No Comments were received**

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here)

Rio Arriba County

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- ☐ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- ☐ Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

☒ Yes ☐ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

Rio Arriba County does provide a County Truck for use in the Housing Maintenance Dept.

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

The need for affordable housing is still a priority.

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan:

None

A. Significant Amendment or Modification to the Annual Plan:

Since the submission of this annual plan we have initiated three Policies that are now part of this plan and have been made available to all tenants:

De-Concentration Policy: The PHA has adopted this policy as of August 1999. This policy will not affect the PHA because most of our jurisdiction is considered low income and it will be difficult to bring in tenants with higher income to live in the housing projects.

Pet Policy: The PHA has adopted this policy as of June 2001 even though the PHA had a pet policy in place for the Elderly and Disabled, but with this new policy in place now, it will allow any one to own a pet. All requirements established in the pet policy must be met before a pet will be allowed into the housing projects. The PHA will enforce this policy.

Community Service Policy: The PHA has established this policy as of July 2001 and it just beginning to notify the tenants of its requirements. The PHA has a few tenants who might meet this criteria because most of them are working and will not apply to the Elderly or Disabled.

Attachment A

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers in Public Housing <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
N/A	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
N/A	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
N/A	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
N/A	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
N/A	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Annual Statement/Performance and Evaluation Report **ATTACHMENT B**

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1:

PHA Name: Rio Arriba County Housing Authority		Grant Type and Number Capital Fund Program: NM02P039501-00 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2000	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)			
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	16,705		16,705	16,705
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	1,700	3,000	3,000	1,776.36
8	1440 Site Acquisition				
9	1450 Site Improvement	12,500	14,188	14,188	-0-
10	1460 Dwelling Structures	89,000		89,000	59,789.83
11	1465.1 Dwelling Equipment Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	15,575	12,587	12,587	12,586.95
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-9)	135,480		135,480	
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				

Annual Statement/Performance and Evaluation Report **ATTACHMENT B** Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1:

PHA Name: Rio Arriba County Housing Authority		Grant Type and Number Capital Fund Program: NM02P039501-00 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2000	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
24	Amount of line 20 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report ATTACHMENT B
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: Rio Arriba County Housing Authority		Grant Type and Number Capital Fund Program #: NM02P039501-00 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
NM039-001	Operations	1406		16,705		16,705	16,705.	Close
NM039-001	Fees & Cost A/E Services	1430		1,700	3,000	3,000	1,776.36	Open
NM039-001	Site Improvement	1450		12,500	14,188	14,188	-0-	Open
	Discharge Plans monitoring wells Sewer system in Ojo Shut-off Valve Water System							
NM039-001	Dwelling Structures Kitchen Cabinet Replacement 24 Units in Ojo Caliente	1460		89,000		89,000	59,789.83	Open
NM039-001	Nondwelling Equipment Automobile Replacement	1475		15,575	12,587	12,587	12,586.95	Close

Annual Statement/Performance and Evaluation Report ATTACHMENT B
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: Rio Arriba County Housing Authority		Grant Type and Number Capital Fund Program #: NM02P039501-00 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: <div>2000</div>		
Development Number	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
Name/HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	

Annual Statement/Performance and Evaluation Report ATTACHMENT B
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

PHA Name: Rio Arriba County Housing Authority		Grant Type and Number Capital Fund Program #: NM02P039501-00 Capital Fund Program Replacement Housing Factor #:					Federal FY of Grant: 2000
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NM039-001	12/31/2001			12/31/2002			

Annual Statement/Performance and Evaluation Report ATTACHMENT B
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

PHA Name: Rio Arriba County Housing Authority		Grant Type and Number Capital Fund Program #: NM02P039501-00 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)		All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual	

Annual Statement/Performance and Evaluation Report ATTACHMENT C
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Rio Arriba County Housing Authority		Grant Type and Number Capital Fund Program: NM02P039501-01 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2001	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				

Annual Statement/Performance and Evaluation Report ATTACHMENT C					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Rio Arriba County Housing Authority		Grant Type and Number Capital Fund Program: NM02P039501-01 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
2	1406 Operations	13,818		-0-	
3	1408 Management Improvements	5,500		-0-	
4	1410 Administration				
5	1411 Audit	2,500		-0-	
6	1415 liquidated Damages				
7	1430 Fees and Costs	3,000		-0-	
8	1440 Site Acquisition				
9	1450 Site Improvement	18,800		-0-	
10	1460 Dwelling Structures	94,566		-0-	
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	138,184			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report ATTACHMENT C
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: Rio Arriba County Housing Authority		Grant Type and Number Capital Fund Program #: NM02P039501-01 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
NM039-001	Operations	1406		13,818		-0-		Open
NM039-001	Management Improvement Desk Top Computer & PC	1408		5,500		-0-		Open
NM039-001	Audit Operations & Financial	1411		2,500		-0-		Open
NM039-001	Fees & Cost A/E Services	1430		3,000		-0-		Open
NM039-001	Site Improvement Water Shut-off Valve Replacement in T.A. & Ojo 16 units & Discharge Plans	1450		18,800		-0-		Open
NM039-001	Dwelling Structures Tile Replacment 19 Units in Ojo & T.A. and Accordin Doors for 24 units at both sites	1460		94,566		-0-		Open
				\$138,184				

Annual Statement/Performance and Evaluation Report ATTACHMENT C
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: Rio Arriba County Housing Authority		Grant Type and Number Capital Fund Program #: NM02P039501-01 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: <div>2001</div>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	

Annual Statement/Performance and Evaluation Report ATTACHMENT C
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

[illegible]

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
NM039-001	Rio Arriba County Housing Authority	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Tile Replacement on 19 Units	\$ 38,400	2001-02
Purchase of New Truck for Maintenance	\$ 28,000	2001-02
Accordin Doors for 19 Units	\$ 45,300	2001-02
Tub & Shower replacement on 53 Units	\$ 85,300	2002-03
Pave Drive ways to 13 Unit in Ojo	\$ 25,000	2002-03
Bathroom upgrade (New Toilets) 53 Units	\$130,000	2002-03
Window Screens replacement 10 Units	\$ 26,000	2003-04
Electrical fixtures replacement	\$ 30,000	2003-04
Lighting Poles at T.A. & Ojo site replacement and fixed 12 lights	\$ 8,000	2003-04
Ranges and Refrigerators 25 Units	\$ 18,000	2003-04
Conversion of 10 Units to ADA requirements	\$ 25,000	2004-05
Plumbing Repairs on 53 Untis	\$ 60,000	2004-05
Tools replacement for PHA	\$ 60,000	2004-05
Window Pane replacement to Storm windows 53 Units	\$160,000	2005-06
Water Heaters for 25 Units and Weed eater	\$ 85,000	2005-06
Total estimated cost over next 5 years	\$824,000	

Required Attachment E: Resident Member on the PHA Governing Board

1. ☒ Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board: **Charlie Beavers**

B. How was the resident board member selected: (select one)?

☐ Elected

☒ Appointed

C. The term of appointment is (include the date term expires): **08-19-1999**

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis

☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

☐ Other (explain):

B. Date of next term expiration of a governing board member: **08-31-2001**

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Alfredo Montoya, Rio Arriba County Commission Chairman, District 2,

Moises Morales, County Commissioner, District 3

Ray Tafoya, County Commissioner, District 1

Required Attachment F: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Ted Trujillo, Housing Board Chairperson, Position 2
Charlie Beavers, Housing Board Vice-Chair, Position 1
Benito Chavez, Housing Board Member, Position 3
Marylena Martinez, Housing Board Member, Position 4
Eddie Velarde, Housing Board Member, Position 5

The Housing Board is appointed by the Rio Arriba County Commissioners.
Position 1 and 2 are appointed every two years
Position 3 is appointed every three years
Position 4 and 5 are appointed every four years